

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Postings Express, Inc.  
 40 US Corporation Agency  
 500 N. Rainbow Blvd., Ste 300A  
 Las Vegas, NV 89107  
 Re: Case No. 2:22-CV-2700



9590 9402 5742 0003 4623 88

## 2. Article Number (Transfer from service label)

7018 1830 0000 2705 7573

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

USPS TRACKING #

2:22-cv-02700-ALM-KAJ Doc #: 18 Filed: 09/07/22 Page: 2 of 14 PAGEID



LAS VEGAS NV 890

29 AUG 2022 PM 4 L

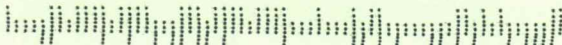
9590 9402 5742 0003 4623 88

**United States  
Postal Service**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

CLERK UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
85 MARCONI BLVD ROOM 121  
COLUMBUS OH 43215



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Geist Telecom LLC  
1309 Coffeen Ave., STE 1200  
Sheridan, WY 82801

Re: Case No. 2:22-LV-2700



9590 9402 5742 0003 4623 19

## 2. Article Number (Transfer from service label)

7018 1830 0000 2705 7627

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent

☐ Addressee

## B. Received by (Printed Name)

Brittany Elliott

## C. Date of Delivery

8/29/22

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 5742 0003 4623 19

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit-No. G-10

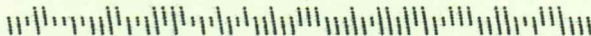
United States  
Postal Service

FILED  
RICHARD W. HART  
CLERK OF COURT

2022 SEP -2 PM 2:06

• Sender: Please print your name, address, and ZIP+4® in this box •

CLERK UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
85 MARCONI BLVD ROOM 121  
COLUMBUS OH 43215



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mobi Telecom LLC  
 1309 Coffeen Ave.  
 STE 1200  
 Sheridan, WY 82801  
 Re: Case No. 2:22-cv-2700



9590 9402 5742 0003 4623 64

## 2. Article Number (Transfer from service label)

7018 1830 0000 2705 7580

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Brittany Elliott

## C. Date of Delivery

8/29/22

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery



USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 5742 0003 4623 64

United States  
Postal Service

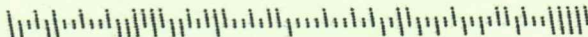
FILED  
RICHARD W. HART  
CLERK OF COURT

2022 SEP -2 PM 2:08

U.S. DISTRICT COURT  
SOUTHERN DIST. OHIO  
AST. DIV. COLUMBUS

• Sender: Please print your name, address, and ZIP+4® in this box•

CLERK UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
85 MARCONI BLVD ROOM 121  
COLUMBUS OH 43215



- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Fugle Telecom LLC  
1309 Coffeen Ave., STE 1200  
Sheridan, WY 82801  
Re: Case No. 2:22-CV-2700



9590 9402 5742 0003 4623 26

## 2. Article Number (Transfer from service label)

7018 1830 0000 2705 7634

## A. Signature

x

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Brittany Elliott

## C. Date of Delivery

8/29/22

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING #

2:22-cv-02700-ALM-KAJ Doc #: 18 Filed: 09/07/22 Page: 8 of 14 PAGEID #



9590 9402 5742 0003 4623 26

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

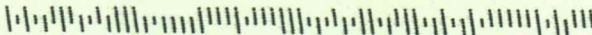
• Sender: Please print your name, address, and ZIP+4® in this box •

FILED  
RICHARD W. NAGLE  
CLERK OF COURT

2022 SEP -2 PM 2:06

U.S. DISTRICT COURT  
SOUTHERN DIST. OF OHIO  
EAST DIV. COLUMBUS

CLERK UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
85 MARCONI BLVD ROOM 121  
COLUMBUS OH 43215





## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Geist Telecom LLC  
 C/O National Registered Agents, Inc.  
 1015 15th Street, NW  
 Suite 1000  
 Washington, DC 20005  
 Attn: Case No. 2:22-CV-2700



9590 9402 5742 0003 4623 40

## 2. Article Number (Transfer from service label)

7018 1830 0000 2705 7597

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

8/31/22

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

USPS TRACKING #

2:22-cv-02700-ALM-KAJ Doc #: 18 Filed: 09/07/22 Page 10 of 14 PAGEID #



CAPITAL DISTRICT 208

29 AUG 2022 PM 1 L

First-Class Mail

Postage & Fees Paid

USPS

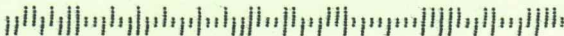
Permit No. G-10

9590 9402 5742 0003 4623 40

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •

CLERK UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
85 MARCONI BLVD ROOM 121  
COLUMBUS OH 43215



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Sunco Panama USA  
 1309 Coffeen Ave., STE 1200  
 Sheridan, WY 82801  
 Re: Case No. 2:22-CV-2700



9590 9402 5742 0003 4623 71

## 2. Article Number (Transfer from service label)

7018 1830 0000 2705 7566

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Brittany Elliott

## C. Date of Delivery

8/29/22

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                             | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery         | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                             | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery          | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                         | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery over \$500 |   |

USPS TRACKING #

2:22-cv-02700-ALM-KAJ Doc #: 18 Filed: 09/07/22 Page 12 of 14 PAGEID #



9590 9402 5742 0003 4623 71

First Class Mail

Postage & Fees Paid

USPS

Permit No. G-10

United States  
Postal Service

FILED

TIME

SEP 06 2022

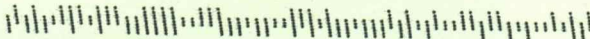
RICHARD

Court

COLUMBUS, OHIO

• Sender: Please print your name, address, and ZIP+4® in this box •

CLERK UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
85 MARCONI BLVD ROOM 121  
COLUMBUS OH 43215



- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Fugle Telecom LLC, C/O Cloud Pentz  
Law, Statutory Agent  
1095 Sugar View Dr.  
Ste 500  
Sheridan, WY 82801  
Re: Case No. 2:22-CV-2700



9590 9402 5742 0003 5302 92

## 2. Article Number (Transfer from service label)

70181830 0000 2705 8150

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Brittany Elieff

## C. Date of Delivery

8/22/22

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

2:22-CV-2700 ALM-KAJ

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery



USPS TRACKING #

2:22-cv-02700-ALM-KAJ Doc #: 18 Filed: 09/07/22 Page: 14 of 14 PAGEID



First Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 5742 0003 5302 92

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Clerk, United States District Court,

Southern District of Ohio

85 Marconi Blvd

Room 121

Columbus, OH 43215

RICHARD W. NARDEL, Clerk of Court

COLUMBUS, OHIO

FILED  
TIME

SEP

07 2022

